DEPARTMENT OF PESTICIDE REGULATION PESTICIDE ENFORCEMENT BRANCH LICENSING AND CERTIFICATION PROGRAM

830 K STREET SACRAMENTO, CA 95814-3510 PHONE:

PR-ENF-186 (Rev. 9/99)

CONTACT:	FOR OFFICIAL USE ONLY

Renewal Application for Maintenance Gardener Pest Control Business License  BUSINESS LICENSE NO.:	IMPRINT
Name: Address:	
IMPORTANT – PLEASE READ!! YOUR LICENSE WILL BE DELAYED IF ANY PART OF THE APPLICATION IS INCOMPLETE.	RENEWED
The Maintenance Gardener Pest Control Business License is issued for two years.	KLIKLALD
1. CHANGE OF NAME/ADDRESS. Section 6508 of Title 3, California Code of Regulations requires every person to whom a license or certificate is issued to immediately notify the director of any change in name, address, business organization, or any other matter shown in the application. Licenses and certificates are not transferable, and in case of a change of business organization or ownership, a new application and fee are required. No fee is required for a	PROBLEM
business name or address change, or for a name or address change of a licensee or certificate holder. PLEASE PRINT ANY NAME/ADDRESS CHANGES IN THE SPACE ABOVE.	DATA ENTRY
2. WORKERS COMPENSATION. If you have employees, you must provide the name of the Workers Compensation Insurance Carrier, policy number and policy expiration date:	
NAME OF WORKERS COMP. INSURANCE CARRIER POLICY NUMBER EXPIRATION DATE	
3. FINANCIAL RESPONSIBILITY REQUIREMENT (check one):	
■ I declare, under penalty of perjury, that as to chemical bodily injury and chemical property damage resulting from my pest control operations, I am financially able to respond to damages using my own personal assets, OR,	
■ I have complied with this requirement by obtaining liability insurance, through the following expiration date, in an amount not less than what is specified on the financial responsibility requirements statement (see reverse).	
INSURANCE EXPIRATION DATE:	_
4. FEE. Enclose a check/money order/credit card payment for the total amount due, payable to CASHIER, Department of Pesticide Regulation. Mail the payment and application form in the enclosed envelope to: Cashier, Department of Pesticide Regulation, 830 K Street, Sacramento, CA 95814-3510.	
TOTAL FEE (on or before 12/31/00): \$ 100  The Renewal Fee is non-refundable.  TOTAL FEE AFTER 12/31/00: \$ 110	
5. SIGN AND DATE the Renewal Application form.	

TITLE

DATE